

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212523775						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Esurance Insurance Services, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD GLEN ALLEN, VA 23060</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2012</p> <p>SCC ID NO: F1801333</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000		
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COMMON	1,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 650 DAVIS ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SAN FRANCISCO, CA 94111</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;"></td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> OFFICER</td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> DIRECTOR</td> </tr> <tr> <td> NAME: GARY C TOLMAN TITLE: PRESIDENT/DIREC ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111 </td> <td></td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	NAME: GARY C TOLMAN TITLE: PRESIDENT/DIREC ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111		
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NAME:	SANDRA P HYNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	250 DAVIS ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	JOSEPH S LAURENTINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3785 PLACER CORPORATE DRIVE		
CITY/ST/ZIP/CO:	SUITE 550 ROCKLIN, CA 95765		
NAME:	DAVID K NICHOLSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3785 PLACER CORPORATE DRIVE		
CITY/ST/ZIP/CO:	SUITE 550 ROCKLIN, CA 95765		
NAME:	PHILIP N RODONI'	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	650 DAVIS STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	RACHEL E WARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	650 DAVIS STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	RICHARD G WARREN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	650 DAVIS STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	SARAH AINSLIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3785 PLACER CORPORATE DRIVE		
CITY/ST/ZIP/CO:	SUITE 550 ROCKLIN, CA 95765		
NAME:	KECIA R STEPHENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1122 ALMA ROAD		
CITY/ST/ZIP/CO:	SUITE 100 RICHARDSON, TX 75081		
NAME:	JONATHAN D ADKISSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	650 DAVIS STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	CHRISTOPHER M. HENN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MNGING DIRECTOR		
ADDRESS:	650 DAVIS STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		

NAME:	WAYNE A SHARRAH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MNGING DIRECTOR		
ADDRESS:	3785 PLACER CORPORATE DRIVE		
CITY/ST/ZIP/CO:	SUITE 550 ROCKLIN, CA 95765		
NAME:	JOHN C SWIGART	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MNGING DIRECTOR		
ADDRESS:	650 DAVIS STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	Mark D. Pitchford	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Mnging Director		
ADDRESS:	650 Davis Street		
CITY/ST/ZIP/CO:	San Francisco, CA 94111		
NAME:	Nancy J Abraham	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	650 Davis Street		
CITY/ST/ZIP/CO:	San Francisco, CA 94111		
NAME:	Mary J McGinn	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2775 Sanders Road		
CITY/ST/ZIP/CO:	Northbrook, IL 60062		
NAME:	Jeffrey J McRae	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2775 Sanders Road		
CITY/ST/ZIP/CO:	Northbrook, IL 60062		
NAME:	Mario Rizzo	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2775 Sanders Road		
CITY/ST/ZIP/CO:	Northbrook, IL 60062		
NAME:	Allen Meil	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2775 Sanders Road		
CITY/ST/ZIP/CO:	Northbrook, IL 60062		
NAME:	Arun Ganesan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	650 Davis Street		
CITY/ST/ZIP/CO:	San Francisco, CA 94111		
NAME:	D. Scott Harper	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2775 Sanders Road		
CITY/ST/ZIP/CO:	Northbrook, IL 60062		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GARY C TOLMAN	GARY C TOLMAN,	6/25/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT/DIREC PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.